

FINANCIAL AFFIDAVIT			
Rev. 5/98			
IN SUPPORT OF REQUEST FOR ATTORNEY, EXPENSES, OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE			
IN THE CASE OF <u>U.S. v. FREEMAN</u> <input type="checkbox"/> MAGISTRATE <input checked="" type="checkbox"/> DISTRICT <input type="checkbox"/> APPEALS COURT or <input type="checkbox"/> OTHER PANEL (Specify below)			
FOR <u>SENECCA WILLIAMS</u> AT <u>US DIST. COURT - NORTHERN DISTRICT OF IL</u>		LOCATION NUMBER	
07 CR 843		DOCKET NUMBERS Magistrate <u>07 CR 843-6</u> District Court Court of Appeals	
PERSON REPRESENTED (Show your full name) SENECCA WILLIAMS			
CHARGE/OFFENSE (describe if applicable & check box →) <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <u>21 U.S.C. 841</u>			
Magistrate Judge Sidney I. Schenkler United States District Court			
1 <input checked="" type="checkbox"/> Defendant—Adult 2 <input type="checkbox"/> Defendant - Juvenile 3 <input type="checkbox"/> Appellant 4 <input type="checkbox"/> Probation Violator 5 <input type="checkbox"/> Parole Violator 6 <input type="checkbox"/> Habeas Petitioner 7 <input type="checkbox"/> 2255 Petitioner 8 <input type="checkbox"/> Material Witness 9 <input type="checkbox"/> Other			

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY																		
ASSETS	EMPLOYMENT	Are you now employed? <input checked="" type="checkbox"/> Yes Name and address of employer: _____ IF YES, how much do you earn per month? \$ <u>800</u> IF NO, give month and year of last employment: _____ How much did you earn per month? \$ _____																
	OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES <table style="width:100%;"> <tr> <th style="width: 40%;">RECEIVED</th> <th style="width: 60%;">SOURCES</th> </tr> <tr> <td>\$ _____</td> <td><u>None</u></td> </tr> <tr> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>\$ _____</td> <td>_____</td> </tr> </table>		RECEIVED	SOURCES	\$ _____	<u>None</u>	\$ _____	_____	\$ _____	_____							
	RECEIVED	SOURCES																
	\$ _____	<u>None</u>																
\$ _____	_____																	
\$ _____	_____																	
CASH	Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$ _____																	
PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, GIVE THE VALUE AND \$ DESCRIBE IT <table style="width:100%;"> <tr> <th style="width: 40%;">VALUE</th> <th style="width: 60%;">DESCRIPTION</th> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>		VALUE	DESCRIPTION	_____	_____	_____	_____	_____	_____								
VALUE	DESCRIPTION																	
_____	_____																	
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OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED Total No. of Dependents: _____ List persons you actually support and your relationship to them: _____ _____ _____																
	DEBTS & MONTHLY BILLS	APARTMENT OR HOME: <u>None</u> Creditors: _____ Total Debt: _____ Monthly Paymt.: _____																
	BILLS	(LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.) <table style="width:100%;"> <tr> <th style="width: 40%;">CREDITORS</th> <th style="width: 30%;">Total Debt</th> <th style="width: 30%;">Monthly Paymt.</th> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> </table>		CREDITORS	Total Debt	Monthly Paymt.	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____
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_____	\$ _____	\$ _____																
_____	\$ _____	\$ _____																
_____	\$ _____	\$ _____																
_____	\$ _____	\$ _____																
SIGNATURE	I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) <u>12/19/07</u> SIGNATURE OF DEFENDANT (OR PERSON REPRESENTED) <u>Senecca Williams</u>																	

FILED
 DEC 19 2007
 CLERK, U.S. DISTRICT COURT
 MICHAEL W. DOBBINS